

**San Francisco Police Department****Crime Laboratory Examination Request**

CASE NUMBER (DEPARTMENT) 150178555	NAME OF STATION OR UNIT REQUESTING (NOT CALL SIGN) HOMICIDE	DATE OF REQUEST 3/25/2015
LABORATORY NUMBER	SUSPECT PEREZ-LOPEZ, EMILCAR (DECEASED)	DATE OF OCCURRENCE 2/26/2015
CHARGE OIS - 245 on PO	COMPLAINANT / VICTIM CCSF	OTHER NUMBER

DESCRIPTION OF EVIDENCE AND EXAMINATION REQUEST

Priority Classification: Priority

PLEASE NOTE

1. SUBMIT A SEPARATE LABORATORY EXAMINATION REQUEST FOR (SFPD 64) FOR EACH SFPD INCIDENT NUMBER.
2. WHEN COMPARISON OF ITEMS IN MULTIPLE INCIDENT IS REQUIRED, SUBMIT AN SFPD 64 FOR EACH INCIDENT NUMBER.
3. ATTACH A COPY OF THE INITIAL NARRATIVE POLICE REPORT, QPRL EVIDENCE SHEET AND AVAILABLE CSI DOCUMENTATION.

☐ **BIOLOGY / DNA**☐ BIOLOGICAL SCREENING: EXAMINE FOR THE PRESENCE OF ☐ BLOOD ☐ SEMEN ☐ SALIVA ☐ OTHER (Circle all that apply)☐ DNA COMPARISON: ☐ TYPE EVIDENCE SAMPLES IN BAG NUMBER ____ AT PCD☐ COMPARE WITH SUSPECT REFERENCE SAMPLE(S) IN BAG NUMBER ____ AT PCD☐ COMPARE WITH VICTIM REFERENCE SAMPLE(S) IN BAG NUMBER ____ AT PCD☐ DOES SUSPECT REFERENCE QUALIFY FOR ENTRY INTO CODIS (Bureau Order 06-003 / PC 295-297); BAG NUMBER ____ AT PCD

NATURE OF REQUEST (INCLUDE RELATED INCIDENT NUMBERS)

☒ **FIREARMS / TOOLMARKS**☐ NIBIN / OPEN CASE FILE☒ FIREARM(S) (QUANTITY) **2**☒ FIRED BULLET(S) / CASING(S)☐ COMPARISON WITH OTHER SFPD INCIDENTS): (See #2 above)☐ OTHER (i.e. SERIAL NUMBER RESTORATION / DISTANC DETERMINATION / TOOLMARK COMPARISON)

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PLEASE COMPARE BOTH FIREARMS WITH CASINGS RECOVERED FROM SCENE BY CSI AND PROJECTILES RECOVERED BY MEDICAL EXAMINER FROM SUSPECT

FIREARM #1: BAG #003/BAGTYPE WP/STORED IN D484/LOCATION 11/SERIAL [REDACTED]

FIREARM #2: BAG #004/BAGTYPE WP/STORED IN D484/LOCATION 12/SERIAL [REDACTED]

CASINGS FROM SCENE: BAG #006/BAGTYPE TE/STORED IN F070/LOCATION 45/ 6 CASINGS

PROJECTILES: BAG #020/BAGTYPE TE/STORED IN F098/LOCATION 48/10 PROJECTILES (SEVERAL FRAGMENTED)

SEE ATTACHED QPRL FOR FURTHER

OTHER REQUEST

(Check category and provide description of request below)

☐ **GUNSHOT RESIDUE**☐ **QUESTIONED
DOCUMENTS**☐ **FOOTWEAR
IMPRESSION**

NATURE OF REQUEST (INCLUDE RELATED INCIDENT NUMBERS)

**REQUIRED
INFORMATION**

- ☐ HOMICIDE
☒ OFFICER INVOLVED SHOOTING
☐ IN CUSTODY DEATH
☐ NONE OF THE ABOVE

- ☐ ADA ASSIGNED TO CASE _____
☐ CONTACT NUMBER _____
☐ ADA _____ D TO CASE

REQUESTED BY / CONTACT NUMBER

RAVANO / 734-3179

RANK / STAR

SGT. #929

APPROVED BY / CONT

T. CHAPUN

RANK / STAR

Lt. / 951

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CASE NUMBER (DEPARTMENT)

150178555

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HOMICIDE

DATE OF REQUEST

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SUSPECT

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DATE OF OCCURRENCE

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CHARGE

OIS - 245 on PO

COMPLAINANT / VICTIM

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NATURE OF REQUEST (INCLUDE RELATED INCIDENT NUMBERS)

PLEASE COMPARE SWABS FROM KNIFE (BAG #007/BAGTYPE TE/STORED IN FREEZER/LOCATION A241) TO BLOODSPOT FROM SUSPECT (BAG #017/BAGTYPE TE/STORED IN FREEZER/LOCATION A241). SUSPECT BLOODSPOT REFERENCE SAMPLE QUALIFIES FOR CODIS ENTRY

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☐ CONTACT NUMBER _____

☐ ADA NOT YET ASSIGNED TO CASE

REQUESTED BY / CONTACT NUMBER

ANTHONY RAVANO / 734-3179

APPROVED BY / CONTACT NUMBER

T. CHAPLIN

RANK / STAR

SGT. #929

RANK / STAR

Lt. / 951